

The SPECIAL ATTENTION OF PHYSICIANS is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

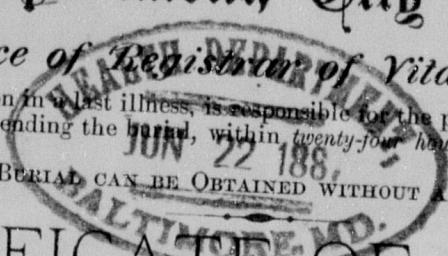
Permit No. A 537

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Gaeklein

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

17

Years,

Months,

Days

Color,

white

large

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

none

MD.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

State of Maryland

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1838 East Pratt St

Cause of Death, { First (Primary),

Plethora Pulmonalis

Second (Immediate),

Duration of Last Sickness,

2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, June 23 1887

Isaac Benjamin M. D.

Medical Attendant.

Undertaker, G. Thorne

Place of Business, 3 Party & Wolfe St.

Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A. 532

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

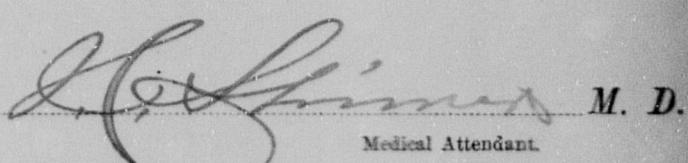
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 20/87Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sam'l HornsbySex, Male or Female, { Cross out the word not required in this line. } MaleAge, 43 Years, 0 Months, 0 Days.Color, ReverendMarried, Single, Widow or Widower, { Cross out the words not required in this line. } MarriedOccupation, LaborerBirth Place, { State or country, and how long in the United States, if of foreign birth. } 150 Reservoir StDuration of Residence in the City of Baltimore, 16 yearsPlace of Death, { Give Street and Number. } 320 RueCause of Death, { First (Primary), Second (Immediate). } Bright's diseaseDuration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Levnel CemeteryDate of Burial, June 24 1887Undertaker, William H. DugayPlace of Business, 150 East StAddress, W. B. M. Campbell

 M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 553 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 22nd 1887.Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Kimp.Sex, Male Female, { Cross out the word not } required in this line.Age, Years, 5 Months, 23 DaysColor, Colored

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston Mass.Duration of Residence in the City of Baltimore, 5 weeks.Place of Death, { Give Street and Number. } 507 N. Eddy St.Cause of Death, { First (Primary), Cholera Infantum, Second (Immediate), Convulsions.Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Boston Mass by RailDate of Burial, June 25 1887Undertaker, William Bronger Francis A. Lauer M. D.

Medical Attendant.

Place of Business, 160 E. 25th St.Address, 439 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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A. Health Department, City of Baltimore.

Permit No. 554

Office of Registrar of Vital Statistics.

Ward 8⁹

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B

CERTIFICATE OF DEATH.

Date of Death,

June 22nd 1889

9 P.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Augustus Frederick Venham

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

3

Months,

16

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Nothing

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give Street and Number. }

816 E. Eager St.

Cause of Death, { First (Primary),

Cholera Infantum

Second (Immediats),

Exhaustion.

Duration of Last Sickness,

3 day(s).

All the above information should be furnished by the Physician.

Place of Burial, Holy Redemp

Date of Burial, June 23rd 1889

Undertaker, J. F. Tuck & Son

Place of Business, 295 E. Gay St.

J. B. Saunders

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 3555 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 22-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarance Fountain

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 5 Months, Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 18 Moore's Alley

Cause of Death, { First (Primary), Deanchoc, marasmus
Second (Immediate), Convulsion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sherman Cemetery

Date of Burial, June 23 1887

{ Undertaker, Alex Kennerly

{ Place of Business, 561 Orchard St Address, 312 N Madison

C. O. Miller

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A. 656

Office of Registrar of Vital Statistics.

Ward 16⁹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Williams

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 7 Years, 6 Months, 11 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 605 S. Fremont St

Cause of Death, { First (Primary), Second (Immediate), } Meningitis Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Glendale Cemetery

Date of Burial, June 23 1887

Undertaker, Alexander Ross

Medical Attendant,

Place of Business, 400 Carroll St.

Address, 48 S. Pac. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No.

A. 557

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

June 25th 11 PM, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Michael Murray

Sex, Male or Female, { Cross out the word not required in this line.

Age, 80

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Laborer
Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, { Give Street and Number.

206 Du park's Wharf

Cause of Death, { First (Primary),

General Apyrexia

Second (Immediate),

General Paroxysms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 23rd 1887A. G. Shryock, M. D.
Medical Attendant.

{ Undertaker, Jas P. Boyce

Address, 1102 S Baltimore St

{ Place of Business, 65 Front St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 588

Office of Registrar of Vital Statistics.

Ward 3

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CERTIFICATE OF DEATH.

Date of Death,

June 21st 1887Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary Jannin

Sex, ~~Female~~ or ~~Female~~, Cross out the word not required in this line.Age, — Years,

4

Months,

Days.

Color, WhiteMarried, Single, Widow or Widower, Cross out the words not required in this line.Occupation, —Birth Place, State or country, and how long in the United States, if of foreign birth.

Balt. City

Duration of Residence in the City of Baltimore, alwaysPlace of Death, Give Street and Number. 112 S. W. Cor. Spruce and PrattCause of Death, First (Primary), Second (Immediate),

Syphilitic chancre? Convalescent

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel CemeteryDate of Burial, June 23rd 1887Undertaker, Jacob Ahrens & CoL. O. M. D. Medical ExaminerPlace of Business, 626 W. Baltimore Address, 25 S. E. 13th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 359

Office of Registrar of Vital Statistics.

Ward 3¹¹

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leonard H. K. Lindemann

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, — Years, — Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. }

259 S. Caroline st

Cause of Death, { First (Primary), Second (Immediate), }

Castritis
Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, June 23 1887

Undertaker, H. Sanderson

Place of Business, 1760 E. Pratt Street

L. C. Mueller, M. D.

Medical attendant.

25 S. E. 11

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 560 Office of Registrar of Vital Statistics. Ward 6

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 22 Nov 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Robert.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, 19 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } 1

Occupation,

Birth Place, { State or country, and how long in the United States, } if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 105 Patapsco Park Avenue

Cause of Death, { First (Primary), } { Second (Immediate), } Enteritis

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, 24th 1887

{ Undertaker, W. Blotter Jr. }

{ Place of Business, 1709 Lombard }

Chaffman, M. D.

Medical Attendant.

Address, 901 Niagara Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]